

**DECLARATION
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

- ☒ Declaration Submitted with Initial Filing, OR
☐ Declaration Submitted after Initial Filing
(surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 0100.9901450

First Named Inventor Sfarti

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD OF INTEGRATING A PERSONAL COMPUTING SYSTEM AND APPARATUS THEREOF**

the specification of which:

- ☒ is attached hereto.
☐ was file on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Data (MM/DD/YYYY)

- ☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

- ☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Name	Registration Number	Name	Registration Number
Timothy W. Markison	33,534	Christopher J. Reckamp	34,414
Paul M. Anderson	39,896	Sally Daub	41,478
J. Gustav Larson	39,263		

Direct all correspondence to:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

☐ A petition has been filed for this unsigned inventor

☐ A petition has been filed for this unsigned inventor

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])				Family Name or Surname					
MICHAEL				FRANK					
Inventor's Signature		M. J. F. L.			Date		12/17/1999		
Residence		City: Sunnyvale		State: CA		Country: USA		Citizenship: GERMAN	
Post Office Address		718 Old San Francisco Rd. # 236							
City:		State:		ZIP: 94086			Country:		

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATIONADDITIONAL INVENTOR(S)
Supplemental SheetPage 1 of 1
Attorney Docket Number 0100.9901450Name of Additional Joint Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Arkadi		Avrukui AVRUKIN	
Inventor's Signature	Arkady Avruk'in	Date	12/17/99 Israel
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Name of Additional Joint Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
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Residence	City:	State:	Country: Citizenship:
Post Office Address			
City:	State:	ZIP:	Country:

Name of Additional Joint Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence	City:	State:	Country: Citizenship:
Post Office Address			
City:	State:	ZIP:	Country:

Name of Additional Joint Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence	City:	State:	Country: Citizenship:
Post Office Address			
City:	State:	ZIP:	Country:

Name of Additional Joint Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence	City:	State:	Country: Citizenship:
Post Office Address			
City:	State:	ZIP:	Country: